

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Samantha I Batista

Write the full name of each plaintiff.

No. \_\_\_\_\_  
(To be filled out by Clerk's Office)

-against-

Ms.Patterson, Ms.Vitale, LT.Egyalva,  
A.W Nash,

**COMPLAINT**  
(Prisoner)

Do you want a jury trial?  
 Yes     No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

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## I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: \_\_\_\_\_

## II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Samantha

I

Botista

First Name

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

86154-054

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Metropolitan Correctional Center

Current Place of Detention

150 Park Row

Institutional Address

New York

NY

10007

County, City

State

Zip Code

## III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: \_\_\_\_\_

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name <u>Ms. Patterson</u>	Last Name <u>Counselor of Unit 2</u>	Shield #
Current Job Title (or other identifying information) <u>150 Park Row</u>		
Current Work Address <u>New York</u> <u>NY</u> <u>10007</u>		
County, City <u>M. Licon</u>	State <u>Ms. Vitale</u>	Zip Code

Defendant 2:

First Name <u>Warden at MCC</u>	Last Name <u>150 Park Row</u>	Shield #
Current Job Title (or other identifying information) <u>150 Park Row</u>		
Current Work Address <u>New York</u> <u>NY</u> <u>10007</u>		
County, City <u>Warden at MCC</u>	State <u>150 Park Row</u>	Zip Code

Defendant 3:

First Name <u>Lieutenant at MCC</u>	Last Name <u>150 Park Row</u>	Shield #
Current Job Title (or other identifying information) <u>150 Park Row</u>		
Current Work Address <u>New York</u> <u>NY</u> <u>10007</u>		
County, City <u>Lieutenant at MCC</u>	State <u>150 Park Row</u>	Zip Code

Defendant 4:

First Name <u>Mr. Nash</u>	Last Name <u>Assistant Warden at MCC</u>	Shield #
Current Job Title (or other identifying information) <u>150 Park Row</u>		
Current Work Address <u>New York</u> <u>NY</u> <u>10007</u>		
County, City <u>Assistant Warden at MCC</u>	State <u>150 Park Row</u>	Zip Code

**V. STATEMENT OF CLAIM**

Place(s) of occurrence: Metropolitan Correctional Center Unit 2

Date(s) of occurrence: February 24, 2020, May 5, 2020, May 12, 2020

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Ms. Patterson was discriminating about my sexual orientation she even put up signs on each door on the unit saying "NO OPPOSITE SEX" in each others cell when I asked what did she mean by "opposite sex" she said "Well, whatever you are". She also entered my cell and berated me disrespectfully saying things that were hurtful and only she as my counselor would know as reported in my PSR. Then on May, 12, 2020 she falsely accused me of threatening her when I said I was going to report her to the DOJ she threw me in STU with L.T. Grijalva and since I got to STU they violated my rights of my 1 hour recreation , my monthly call, STU commissary sheet, on the eighth day Ms. Patterson denied and refuse to give me my lunch and I stood in STU starving till dinner time. I got refused new mask during this global pandemic I caught a rash on my face with the same mask for over two weeks. I got denied medical assistance my whole first month in STU. My tickets got dismissed on June 23, 2020 and they refuse to take me out of the STU room. I am mentally and emotionally stress, This has induced stress and cause me severe depression.

lot of humiliation and violating of my federal constitutional rights it is now July 8, 2020 and I am still in SHU I seen DHO officer named Mr. Delaney on June 23, 2020 which he expunged my ticket and gave me time served in SHU and 57 days in SHU and I'm still in SHU and nobody has answers for me. LT. Grijalva took all responsibility for me since I been in here and he also said he doesn't know why I'm still in SHU to speak with the Warden and Captain. I got denied all remedies for months. Samantha Batista

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I am under Mental Anguish from being discriminated by Ms Patterson and denied my daily needs such as food, movement my recreation, taking a shower, calling home to my sick and elderly mother. Denial of Medical Care. the rash on my face due to not receiving a new mask or being able to clean the one I had with no access to soap or detergent. The depression of sitting in this extremely hot cell daily in 90° and up with no access to fresh cold water. And false imprisonment for being held in SHU for longer than my punishment for a false disciplinary offense.

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

I am requesting relief in the form of monetary compensation for pain and suffering that I had to endure while housed in MCC under SHU status for false allegations and a ticket I bent weeks ago.

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>July 8, 2020</u>		
Dated	<u>Samantha Batista</u>	
<u>Samantha</u>	<u>I</u>	Plaintiff's Signature
First Name	Middle Initial	Last Name
<u>150 Park Row</u>		
Prison Address		
<u>New York</u>	<u>NY</u>	<u>10007</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 07-15-20

Samantha Baptista

(86154054)

150 Park Row

New York NY 10007



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Cecilia Rudden Director  
Office of Prosecution

500 Pearl Street  
New York NY  
10007

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\*SPECIAL MAIL\*